

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>My</i>	<i>62814</i>	<i>9/27/99</i>
O.I.P.E. CLASSIFIER		<i>48</i>	<i>10/1/99</i>
FORMALITY REVIEW		<i>71634</i>	<i>10/8/99</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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(LEFT INSIDE) **Best Available Copy**